

March 12th, 2007

RE: Senate Bill Number 289

Dear Mr. Gallus:

**KEYPOINTS NEEDING CLARIFICATION IN SB 289 –
“AN ACT ALLOWING PUPILS TO CARRY AND SELF ADMINISTER PRESCRIBED
MEDICATION FOR ASTHMA, SEVERE ALLERGIES, AND ANAPHYLAXIS”**

- The medications referred to in this bill should be “prescribed medications for asthma, allergies and anaphylaxis” – this language needs to be clearly communicated each time “medication” is referred to; Montana students age range is 3-21 years – with this is a wide variation in weight as well – necessitating a specific order for each individual student.
- Sharing of information amongst school staff members regarding students with asthma, allergies, and potential anaphylaxis is vital. The proposed language states the information will be kept on file in the school nurse or school administrators office. It is quite possible that both the school nurse and the school administrator may be out of the building at the same time – files may be locked in their absence and of no help to a student experiencing asthma, allergy, or anaphylaxis episodes.
- Providing a backup (2nd dose) of the medication to the school should be an OPTION for parents – not a legal mandate. Epi pens and inhalers are costly and have short shelf lives – parents have expressed that providing multiple doses of the same med should be a choice based on the severity of each individual with asthma/allergies/anaphylaxis and at the discretion of the prescribing provider. School districts will certainly accept and store back up meds in predetermined locations when provided, but fear if this is a mandate, not an option – STUDENTS AND PARENTS WILL NO LONGER SHARE THE HEALTH INFORMATION THAT THEIR CHILD HAS EMERGENCY MEDICATION PRESCRIBED AT ALL. THIS PRESENTS MORE RISK THAN NOT HAVING AN EXTRA DOSE AT SCHOOL.

FAMILY PRACTICE

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George Mulcaire-Jones, M.D., Obstetrics
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INTERNAL MEDICINE

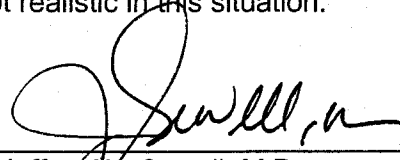
Sharon L. Hecker, M.D., F.A.C.C., Cardiology
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PEDIATRIC & ADOLESCENT CARE

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- On Page 3 – (7) add language so that persons other than the student with allergies will have knowledge as to the whereabouts of the back up medication along with training in administering the med if the student would need assistance. If the student is reporting to use the back up dose of medication – THERE HAS OBVIOUSLY ALREADY BEEN SOME DELAY IN THAT THE STUDENT DID NOT HAVE ACCESS TO AND SELF ADMINISTER THE DOSE THAT HE OR SHE WAS ORDERED TO CARRY AND SELF ADMINISTER. For this reason, it is extremely important that staff beyond the student are aware of the location of the back up med as well as how to safely administer if the student would require assistance.
- Additionally, strike the word IMMEDIATE in section (7) – as mentioned above – a delay has already occurred in that the student did not have the first dose of medication “on his/her person” as ordered – therefore the word immediate is not feasible – school districts will certainly do all they can to have the back up medication accessible – but stating it will be immediately accessible is not realistic in this situation.


Kenneth J. Graham, M.D.


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